School Field Trip Packet - OvernightGreater than 100 miles with District Transportation

Organization: **Marion County Public Schools** Employee: **TREVOR SWEET**
Assigned To: **User - kim.hood**
Show History

NOTE: Field trip packets that require Board approval will only be approved at the first regular board meeting each month.

School Professional Leave

03.125 AP.21

Employee Name	Trevor Sweet
School/Work site	Marion County High School
Date(s) of leave	7/13-17/26
Time of departure	08:00 am
Destination Name & Address	KY FFA LTC- Hardinsburg
Purpose/Rationale for attending	Students attending KY FFA LTC
Number of students involved	13

Substitute needed (please remember to enter your absence in Aesop, even if a substitute is not required.)	No
Number of days (Avg. $100 a day)	
Substitute code	
Registration	No
Registration cost	
Registration code	
Mileage	No
Number of miles	
Number of days	
Lodging	No
Cost per night	
Number of nights	
Lodging rate	
Meals	No
*Estimated **total** meal cost*	
Meals/Mileage/Parking/Lodging Code	
Grand total of expenses	0

***An overnight stay is required for reimbursement of any meals. Any meal exceeding $5.00 must be substantiated by an itemized receipt. Maximum allowable food expenditure per day shall be $40.00 in state and $46.00 out of state. For lodging to be reimbursed, an original, itemized receipt is required. Registration fees, parking tolls, etc. may be reimbursed with original receipts. Credit card slips, registration forms, or check copies are not accepted as receipts. A Travel Voucher (03.125 AP.22) must be completed after the conference/workshop, etc., to receive reimbursement for actual expenses.**

Notes

Reviewed/Revised: 01/12/2015

School-Related Student Trip Request Form

09.36 AP.21

Faculty member(s) sponsoring trip	Trevor Sweet
Type of trip (i.e. classroom, organization, club, athletic, band)	FFA
Destination name	KY FFA LTC
Destination address	Hardinsburg KY
Destination phone	(270) 756-2301
Lodging name	
Lodging address	
Lodging phone	
Date(s) of trip	7/14-17/26
Time of departure	08:00 am
Purpose/Educational value	Students attending KY FFA LTC
Source of funding for trip	FFA

No student shall be denied the trip because of the inability to pay.

Bill trip expenses to (i.e. Sponsoring organization, school council, Board)	FFA
Number of students	13
Number of faculty sponsors	2
Other chaperones	0
Total number of participants	15

Supervision (Attach list of names of students and chaperones)

Camp Bus List.pdf view
Added 6/24/2026 9:50:00 AM

Add a File

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?	Yes

Reviewed/Revised: 01/12/15

School Bus/SUV Request

This authorization for the use of this vehicle is valid for the use of said vehicle as a "School Bus/SUV" and for no other purpose.

* Buses/SUV needed (please list below if need bus or SUV)

Bus

* Destination Name & Address	KY FFA LTC- Hardinsburg
* Date(s) of trip	7/13-17
* Group requesting bus/SUV	FFA- Sweet Driving
* Purpose of trip	Students attending LTC
* Bus/SUV pick-up time	08:00 am
* Bus/SUV return time	02:00 pm
* When transporting items that cannot be held in lap of students, under storage will be required to store these items.	Under storage will not be required
* Account to be charged	Marion County FFA

Blank Student List Template

* Faculty supervision will be provided for this trip. At least one member of our faculty will ride in each bus/SUV. A copy of the list of pupils that are assigned to ride this particular school bus/SUV can be uploaded below. The driver will be given a copy and the school should also keep a copy of all riders on file.

Camp Bus List.pdf view
Added 6/24/2026 9:51:00 AM

* Employee Signature

Signed: **Trevor Sweet**

Stamped:Wed Jun 24 2026 10:52:11 GMT-0400 (Eastern Daylight Time);6/24/2026 9:51:20 AM;2026-06-24 14:51:20Z;108.175.204.193;Employee - #788 - TREVOR SWEET

By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

* Principal Signature

Signed: **Robby Peterson**

Stamped:Mon Jun 29 2026 09:39:09 GMT-0400 (Eastern Daylight Time);6/29/2026 8:39:10 AM;2026-06-29 13:39:10Z;170.185.150.214;Employee - #371 - JOSEPH PETERSON

By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

* Direct this field trip packet to

* Supervisor Signature

Not Signed Read-Only

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Field Trip Designee Signature

Not Signed Read-Only

By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

Date of Board approval

Superintendent Signature

Not Signed Read-Only

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This section is to be completed by the Transportation Director.

Bus number

Driver

Driver wage

Transportation Director Signature/Date

This section is to be completed by the driver and filed in the Transportation Director's office upon completion of the above trip.

Ending odometer reading

Beginning odometer reading

Total miles

Number transported

Driver Signature/Date

Approve **Deny**

Central OfficePrincipalOther Professional Leave

For: **SHOCKENCY, NANCY** | Completed By: User - chris.brady | Sent On: 6/15/2026 12:01pm
Sent By: | Overall Status: Approved | Completed: 6/23/2026 2:46pm

PERSONNEL
03.125 AP.21

* Employee Name	Nancy Shockency
* School/Work Site	Lebanon Middle School
* Date(s) of leave	5/15/26
* Time of departure	07:00 am

Destination

LaGrange, KY.

Purpose/Rationale for attending

CE Meeting

* Number of students involved	0

* Substitute needed	No

Please remember to enter your absence in Aesop, even if a substitute is not required.

Number of days (Avg. $100 a day)	
Substitute code	
* Registration	No
Registration cost	
Registration code	
* Mileage	Yes
Number of miles	
Number of days	
* Lodging	No
Cost per night	
Number of nights	
Lodging rate	
* Meals	No
Estimated total meal cost	
Meals/Mileage/Parking/Lodging Code	
* Grand total of expenses	70.00

*An overnight stay is required for reimbursement of any meals. Any meal exceeding $5.00 must be substantiated by an itemized receipt. Maximum allowable food expenditure per day shall be $40.00 in state and $46.00 out of state. For lodging to be reimbursed, an original, itemized receipt is required. Registration fees, parking tolls, etc. may be reimbursed with original receipts. Credit card slips, registration forms, or check copies are not accepted as receipts. A Travel Voucher (03.125 AP.22) must be completed after the conference/workshop, etc., to receive reimbursement for actual expenses. Maximum mileage for common locations: Bowling Green: 215, Frankfort: 125, Lexington: 135, Louisville: 140.

Notes

Central OfficePrincipalOther Professional Leave

For: **SHOCKENCY, NANCY** | Completed By: User - chris.brady | Sent On: 6/15/2026 12:01pm
Sent By: | Overall Status: Approved | Completed: 6/23/2026 2:46pm

Employee Signature

X	Signed: **Nancy Shockency** Stamped: **6/15/2026 11:07:02 AM; 173.89.78.71; Employee - #121 - NANCY SHOCKENCY;** By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

Direct this professional leave to veronica.deacon

Supervisor Signature

X	Signed: **Veronica Deacon** Stamped: **6/15/2026 2:03:33 PM; 74.132.49.25;** By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

Superintendent Signature

X	Signed: **Chris Brady** Stamped: **6/23/2026 1:46:08 PM; 170.185.150.192; User - chris.brady - chris.brady@marion.kyschools.us;** By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

Reviewed/Revised: 01/12/2015